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UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2006

FORM A
For use by Members, officers, and employees

Patrick Joseph Tiberi
(Full Name)

3000 Corporate Exchange Drive Suite 310 Columbus, OH 43231
(Mailing Address)

614-523-2555
Daytime Telephone:

Filer Status ✓ Member of the U.S. House of Representative — State: OH — District 12 — Officer Or Employee — Employing Office

Report Type ✓ Annual (May 15) — Amendment — Termination — Termination Date

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTION

		Yes	No
I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? ~~If yes, complete and attach Schedule I.~~		✓
II.	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.		✓
III.	Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? If yes, complete and attach Schedule III.	✓	
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? If yes, complete and attach Schedule IV.		✓
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? If yes, complete and attach Schedule V.	✓	
VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? ~~If yes, complete and attach Schedule VI.~~		✓
VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? If yes, complete and attach Schedule VII.		✓
VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	✓	
IX.	Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.		✓

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTION

		Yes	No
Trusts-	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?		✓
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?		✓

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and wilfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Patrick J. Tiberi	5-15-07

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Patrick Joseph Tiberi

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** Check all columns that apply. Check "None" if asset did not generate any income during the calendar year. If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm Income)	BLOCK D **Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was earned.	BLOCK E **Transaction** Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding $1,000 in reporting year.
JT	2210 & 2212 Tupsfield Rd. (with spouse)	$100,001 - $250,000	Rent	$5,001 - $15,000	
JT	5596 & 5598 Parkville Rd. (with father)	$100,001 - $250,000	Rent	$5,001 - $15,000	
JT	5604 & 5606 Parkville Rd. (with father)	$100,001 - $250,000	Rent	$5,001 - $15,000	
JT	Amcap Fund	$100,001 - $250,000	DIVIDENDS/ CAPITAL GAINS	$2,501 - $5,000	
JT	Fifth Third Bank	$1,001 - $15,000	INTEREST	$201 - $1,000	
JT	Fifth Third Bank	$1,001 - $15,000	INTEREST	$201 - $1,000	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Patrick Joseph Tiberi

JT	Income Fund	$15,001 - $50,000	DIVIDENDS	$1,001 - $2,500
	Investment Co./America	$15,001 - $50,000	DIVIDENDS/ IRA	NA
SP	Limited Brands	$1,001 - $15,000	DIVIDENDS	NA
SP	New Economy Fund	$15,001 - $50,000	DIVIDENDS/ IRA	NA
	Northwestern Mutual Life Insurance	$50,001 - $100,000	DIVIDENDS	NA
SP	Northwestern Mutual Life Insurance	$50,001 - $100,000	DIVIDENDS	NA
SP	New Economy Fund	$1,001 - $15,000	DIVIDENDS/ IRA	NA
	Ohio Deferred Comp--(See Below)			
	Ohio Deferred Comp Retirement Fund--AIM Constellation Fund (closed, funds rolled into Fidelty Growth Company)	None	None	NA
	Ohio Deferred Comp Retirement Fund--Fidelty Contrfund	$15,001 - $50,000	DIVIDENDS	NA
	Ohio Deferred Comp Retirement Fund--Fidelty Growth Company	$15,001 - $50,000	DIVIDENDS	NA
	Ohio Deferred Comp Retirement Fund--Pimco Total Return	$1,001 - $15,000	DIVIDENDS	NA

	Ohio Deferred Comp Retirement Fund-- Vanguard Institutional Index	$1,001 - $15,000	DIVIDENDS	NA
JT	Ohio Tuition Trust--529	$1,001 - $15,000	DIVIDENDS	NA
	P.E.R.S Ohio--Retirement	$15,001 - $50,000	DIVIDENDS	NA
	Mason Street Mutual Fund (formerly Robert W. Baird Co.)	$1,001 - $15,000	INTEREST SEP/IRA	NA
SP	Spouse Ohio Deferred Comp Retirement Fund-- (See Below)			
SP	Spouse Ohio Deferred Comp Retirement Fund-- American Century Income Growth (closed, funds rolled into Dodge & Cox Stock)	None	None	NA
SP	Spouse Ohio Deferred Comp Retirement Fund--F.P.A. Capital	$1,001 - $15,000	DIVIDENDS	NA
SP	Spouse Ohio Deferred Comp Retirement Fund--Fidelty Magellan	$1,001 - $15,000	DIVIDENDS	NA
JT	Washington Mutual Coverdell Education IRA	$1,001 - $15,000	DIVIDENDS	NA
SP	Spouse Ohio Deferred Comp Retirement Fund--Dodge & Cox Stock	$1,001 - $15,000	DIVIDENDS	NA

SCHEDULE V - LIABILITIES

Report liabilities of over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report "revolving charge accounts" (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liabilit
JT	Fifth Third Bank (with spouse)	Mortgage-2210/12 Tupsfield Rd.	$50,001 - $100,000
JT	Fifth Third Bank (with father)	Mortgage-5604/06 Parkville Rd.	$50,001 - $100,000

SCHEDULE VIII - POSITIONS

Name Patrick Joseph Tiberi

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organizatio
Board Member	Prevent Blindness America (Uncompensated)
Trustee	Hinson Family Trust (Uncompensated)